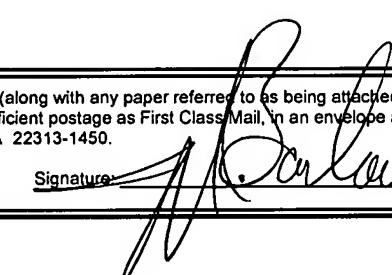




CUSTOMER NO. 32914

175 2834

MAY 15 2007

| AMENDMENT TRANSMITTAL LETTER  |                                  |                                       |                             | Docket No.<br>361170-1022 |
|---|----------------------------------|---------------------------------------|-----------------------------|---------------------------|
| Application No.<br>10/537,283-Conf. #1856   | Filing Date<br>October 18, 2005  | Examiner<br>T. M. Dougherty           | Art Unit<br>2834            |                           |
| Applicant(s): Guillaume Bouche et al.   |                                  |                                       |                             |                           |
| Invention: ACOUSTIC RESONATOR SUPPORT, ACOUSTIC RESONATOR AND CORRESPONDING INTEGRATED CIRCUIT  |                                  |                                       |                             |                           |
| <b>TO THE COMMISSIONER FOR PATENTS</b>  |                                  |                                       |                             |                           |
| Transmitted herewith is an amendment in the above-identified application.   |                                  |                                       |                             |                           |
| The fee has been calculated and is transmitted as shown below.  |                                  |                                       |                             |                           |
| <b>CLAIMS AS AMENDED</b>  |                                  |                                       |                             |                           |
|   | Claims Remaining After Amendment | Highest Number Previously Paid        | Number Extra Claims Present | Rate                      |
| Total Claims  | 23                               | - 28 =                                |                             | x                         |
| Independent Claims  | 3                                | - 3 =                                 |                             | x                         |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>  |                                  |                                       |                             |                           |
| Other fee (please specify): Extension for response within first month 120.00  |                                  |                                       |                             |                           |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 120.00  |                                  |                                       |                             |                           |
| <input checked="" type="checkbox"/> Large Entity  |                                  | <input type="checkbox"/> Small Entity |                             |                           |
| <input type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                       |                             |                           |
| <input type="checkbox"/> Please charge Deposit Account No. 10-0447 in the amount of \$ .<br>A duplicate copy of this sheet is enclosed.   |                                  |                                       |                             |                           |
| <input checked="" type="checkbox"/> A check in the amount of \$ 120.00 to cover the filing fee is enclosed.   |                                  |                                       |                             |                           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |                                  |                                       |                             |                           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-0153 as described below. A/duplicate copy of this sheet is enclosed.  |                                  |                                       |                             |                           |
| <input checked="" type="checkbox"/> Credit any overpayment.   |                                  |                                       |                             |                           |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |                                  |                                       |                             |                           |
| Dated: May 11, 2007   |                                  |                                       |                             |                           |
| Andre M. Szwalski<br>Attorney/Agent Reg. No.: 35,701  |                                  |                                       |                             |                           |
| GARDERE WYNNE SEWELL LLP<br>1601 Elm Street, Suite 3000<br>Dallas, Texas 75201-4761<br>(214) 999-3000   |                                  |                                       |                             |                           |
| <p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service on the date shown below with sufficient postage as First Class Mail, in an envelope addressed to: MS AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p> <p>Dated: May 11, 2007      Signature:  (Margo Barbarash)</p> |                                  |                                       |                             |                           |